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RIN 1615-AA22

Remarks to the Office of Management and Budget
Executive Order 12866 Meeting

Jeffrey B. Caballero, MPH delivered remarks in a meeting with the Office of Management and Budget in Washington, D.C. on June 29, 2018 discussing the potential impact of the administration's draft proposed Inadmissibility and Deportability on Public Charge Grounds rule (RIN 1615-AA22). The remarks complemented presentations provided by staff from the National Association of Community Health Centers, California Primary Care Association, Asian Health Services, and ASIA-International Community Health Center. The following is a transcript of Mr. Caballero's remarks.

Introductions

AAPCHO is here to represent our member community health centers. Often the Asian American community is overlooked nationally. My report and our analysis will demonstrate AAPCHO member health centers are disproportionately affected financially and so are the communities they are located.

Many people who think about Asian Immigrants, including policy makers think about well-to do Silicon Valley types not the low-income restaurant employee, nail salon worker, or small business owner without health insurance coverage. I believe it is important to note here, the Census ACS reports, 58% immigrants versus 44% U.S. born who are using benefits are employed.

By law and our mission, AAPCHO members know this population well. We serve over half million in nearly 30 health centers in 160 sites in 15 states. They come to our health centers because like everyone else, they like to receive health care from people like themselves and who are able to speak a language they understand.

On average, 70% of our patients are below 100% FPL, 90% below 200%. On average, 58% of AAPCHO member patients are on Medicaid[1] [Asian Americans in AAPCHO health centers, 50% noncitizens-vs- 42% noncitizens nationally reported on American Community Survey (ACS)].

Besides family values, perhaps the most important pursuit for many Asian Americans immigrants is securing American citizenship. That is why this public charge rule is a threat to us and our communities. Not just in Medicaid but also the local economy when families can't work to care for their sick and the small businesses that can't continue to operate.

[1] Association of Asian Pacific Community Health Organizations. AA&NHPI-Serving Health Centers and Medicaid. May, 2017. Available from http://www.aapcho.org/resources_db/aanhpi-serving-health-centers-and-medicaid.

Lastly, though we are all familiar with Asian immigrant communities in California and New York, we have Michael Byun here to help us account for the fastest growing ethnic group [Asian Americans and Pacific Islanders (AAPIs)] and their economic contributions in the other 48 states.

Economic Impact on Health Centers and States

The Migration Policy Institute (MPI)[2] Report was released on June 12th. The significance of the MPI report for us is twofold: 1) the report provides an analysis of data from ACS from 2014-2016 of benefit use by citizenship status. The noncitizen populations reported include LPRs, refugees, asylums, other temporary visas, and undocumented individuals; 2) the report also provides an analysis of studies examining the impact of 1990s immigration reform on populations, it is these studies that provide the 20%-60% disenrollment scenarios utilized in AAPCHO's economic impact analysis. The after-effects of welfare reform policy in the 1990s demonstrated that the "chilling effect" is real. In fact, the leaked draft rule (p 33), states that in the 1990s there was "public confusion".

In AAPCHO's state data analysis, though it only includes 14 states' AAPI noncitizen Medicaid disenrollment data, that impact is as high as 636,000 AAPIs which translates to approximately $3.6 billion dollars. It is important to note here that if the care is not provided at a health center, the cost of care would be higher by $2371 per patient per year. The sources of the data for this analysis are: MPI report for the number of Asian noncitizens, and the per capita cost for Medicaid by state is from Kaiser Family Foundation report referenced in the analysis.

AAPCHO's member health center analysis shows that up to 86,000 patients at AAPCHO member FQHCs may disenroll from Medicaid which translates to approximately $65 million dollars. Please note, there is additional economic impact not demonstrated by our analysis on the local economy, particularly not inclusive of potential jobs loss from health centers.

The data sources for this latter analysis are: HRSA UDS data provided patient numbers, utilization numbers; noncitizen percentage are an average of self-reported; PPS rate is also a conservative average for our member centers.

Closing

Though our data is economic impact on health centers and state Medicaid programs, keep in mind if the care was received anywhere else other than health centers the cost would be greater $2371 per patient per year. Another economic impact not considered is the health center contribution to the national emergency preparedness infrastructure. Health centers played a critical role in America's public health frontlines in communities for the Zika virus recently and the Bird Flu previously.

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[2] Migration Policy Institute. Chilling Effects: The Expected Public Charge Rule and Its Impact on Legal Immigrant Families' Public Benefits Use. June, 2018. Available from https://www.migrationpolicy.org/research/chilling-effects-expected-public-charge-rule-impact-legal-immigrant-families.